



STUDENT APPLICATION FORM

CERTIFICATE COURSE

First Name:

Date of Birth:

Last Name:

Gender:

Male Female Other

Education History

School:

Major:

Years of Study:

Contact Information

Street Address:

City:

Province/State:

Postal/Zip Code:

Country:

Mobile Number:

Home/Work Number:

Email Address:

Course/Program Title

Fee

Course Date:

All fees, terms, courses and policies are subject to change without notice. The Application Committee may request a personal/telephone interview with any applicant. All materials filed during this application process become part of your permanent, confidential record and are not returnable.

I hereby attest that all information provided by me, in this application is true.

Applicant's Signature

Date:

Applicant's Name

Application Submission & Payment

By Mail

Please mail completed application and cheque (payable to Ontario College of Traditional Chinese Medicine)

Markham Campus:
3190 Steeles Ave East, Unit 110
Markham, Ontario L3R 1G9

or

Toronto Campus:
283 Spadina Avenue, Suite 301
Toronto, Ontario M5T 2E3

Electronically

Please fill out the application form and submit an email payment to toronto@octcm.com or markham@octcm.com

Security Word/Authorization Key

Email Address of Account Holder

OCTCM ADMINISTRATION USE ONLY

Date Received:

MM

DD

YYYY

Student Number:

Deposit:

Received By:

Payment Received:

Yes

No

Amount:

Payment Received By: